

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 28**

PRISON HEALTH SERVICES, INC.¹

Employer

and

Case 28-RC-6211

**GENERAL SALES AND DELIVERY DRIVERS,
TEAMSTERS UNION, LOCAL 14, affiliated with
INTERNATIONAL BROTHERHOOD OF
TEAMSTERS, AFL-CIO**

Petitioner

DECISION AND DIRECTION OF ELECTION

The Petitioner seeks a two-unit self-determination election where both units together comprise approximately 85 full-time and regular part-time professional and non-professional employees employed by the Employer at the Clark County Detention Center (Detention Center) in Las Vegas, Nevada. The Petitioner seeks to include in the professional unit the classifications of registered nurses (RNs), including all charge nurses and social workers. The Petitioner seeks to include in the non-professional unit the classifications of licensed practical nurses (LPNs), records clerks, administrative clerks, booking clerks, medical assistants, and dental technicians. The parties have stipulated to a two-unit election and to language on the election ballots asking the professional unit to vote on whether it wishes to be included in the non-professional unit for representation purposes. The Employer maintains, contrary to the Petitioner, that its nine charge nurses are supervisors within the meaning of the Act. This was the only issue litigated at hearing. Based on the charge nurses' responsible direction of the work of other nurses as set forth below, as well as other indicia defined in detail below, I find that the Employer has carried its evidentiary burden of showing the supervisory status of charge nurses. Therefore, I shall exclude the charge nurses from the petitioned-for bargaining units and direct an election in the petitioned-for units as described below.

DECISION

Under Section 3(b) of the Act, I have the authority to hear and decide this matter on behalf of the National Labor Relations Board. Upon the entire record in this proceeding, I find:

¹ The name of the Employer appears as corrected at the hearing.

1. **Hearing and Procedures:** The hearing officer's rulings made at the hearing are free from prejudicial error and are affirmed.

2. **Jurisdiction:** The parties stipulated that the Employer, Prison Health Services, Inc., a Delaware corporation, maintains an office and place of business located at 330 South Casino Center in Las Vegas, Nevada, and is engaged in the business of providing health care services. During the 12-month period preceding the hearing in this matter, the Employer purchased and received goods and materials valued in excess of \$50,000 at its Las Vegas, Nevada, facility directly from points located outside the State of Nevada. During the same 12-month period, the Employer derived gross revenues in excess of \$250,000 in the course and conduct of its business. The Employer is engaged in commerce within the meaning of the Act, and, therefore, the Board's asserting jurisdiction in this matter will accomplish the purposes of the Act.

3. **Claim of Representation:** The Petitioner is a labor organization within the meaning of Section 2(5) of the Act and claims to represent certain employees of the Employer.

4. **Statutory Question:** A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

The Employer presented one witness at the hearing: Milarosa Cardona, Director of Nursing and formerly a charge nurse with the Employer. The Petitioner presented one witness at the hearing: Nancy Blackburn, a charge nurse.

A. The Employer's Operations and Management Structure

The Employer provides medical services to approximately 2,000 inmates at the Detention Center in Las Vegas, Nevada, 24 hours per day, 7 days per week. The Detention Center consists of a 12-story north tower and 6-story south tower. The booking department where inmates are initially processed, following arrest, is located on the ground floor of the south tower. The petitioned-for employees provide medical services on the second, third, fourth, and fifth floors of the south tower and the second, third, fifth, seventh, and ninth floors of the north.

The Employer employs approximately 38 LPNs, 9 charge nurses (all of whom are RNs), and 10 non-charge nurse RNs. The Employer also classifies an unspecified number of the non-charge nurses as history and physical nurses (H&P) or "kite" nurses. The Director of Nursing (DON), Milarosa Cardona, oversees all health care employees at the facility. Cardona reports to David Luxner, the Health Services Administrator who manages the facility for the Employer. Brett Young, Assistant Health Services Administrator, reports to Luxner. Neither Luxner nor Young possess any sort of medical license. Dr. Hoffman² is the designated Medical Director, though it is unclear as what his duties are, and there is no evidence of his involvement in the supervision of the staff. Moreover, there is no evidence as

² The spelling of Dr. Hoffman's name is corrected according to the Employer's post-hearing brief.

to what amount of time Dr. Hoffman spends at the facility. Florissa Ebeiya, an LPN, works with "quality assurance," and Cardona handles supervisory responsibilities. The parties stipulated that Cardona and Ebeiya are statutory supervisors. I find, based upon this stipulation, and consistent with the record evidence, that Cardona and Ebeiya are supervisors within the meaning of Section 2(11) of the Act and should be excluded from the unit found appropriate. The parties also have stipulated that Nicki³ Collins is a confidential employee, and I find that she should be excluded from the unit found appropriate.

B. The Duties of Nursing Personnel

1. Charge Nurses (RNs)

Charge nurses (all RNs) work one of two shifts: The day shift from 6:00 a.m. to 6:30 p.m., or the night shift from 6:00 p.m. to 6:30 a.m. During each shift, one charge nurse is stationed at the south tower, north tower, and the booking department. Charge nurses report for duty on a specified floor, meet with the charge nurse from the prior shift and receive written reports (shift-change reports) prepared by the charge nurse. The "shift-change" meetings transpire during the half-hour overlap between shifts. The charge nurse from the prior shift conveys information in a shift-change report about inmate care, such as needed follow-up action, medical observations that the next shift nursing personnel should perform, and pertinent inmate medical problems. These shift-change reports include information about inmates in the infirmary, inmates needing intravenous (IV) medication, inmates experiencing high blood sugar, or inmates transferred to a hospital and their expected return time. The report contains notations as to nursing personnel interaction with physicians, such as calls put in to physicians that have not yet been returned. Reports include time and attendance issues such as notes of nurses who are absent or expected to be absent from work.

During, or just before the shift-change meeting, charge nurses check assignment sheets posted at the beginning of each shift near the time clock and prepared by Ebeiya, the supervisor in quality assurance. Assignment sheets contain the current date and the locations where each charge nurse and LPN is scheduled to work. Charge nurses are able to independently assign LPNs and non-charge RNs to work in different areas or floors, contrary to the assignment sheet schedule. Charge nurses schedule a break and a lunch break for the LPNs on the assignment sheet. When an LPN desires to take a break, lunch or otherwise, the LPN is required to ask the charge nurse for permission to do so, and the charge nurse will usually grant the request absent a pending problem, in which case the charge nurse may ask the LPN to wait for a period of time before taking the break. In the event of a nurse staffing shortage, charge nurses ask Ebeiya for help. If Ebeiya cannot provide the personnel to cover all shifts, the charge nurses rearrange their schedules and cover to the best of their abilities. Charge Nurse Nancy Blackburn testified that at times she has called employees to report to work. During the shift-change meeting, the charge nurses discuss the inventorying of sharp objects, such as needles and narcotics, used during the shift. These inventories are called "sharps count" and "narcotics count."

³ The spelling of Ms. Collins' name is corrected according to the Employer's post-hearing brief.

Following the shift-change meeting, charge nurses report to their assigned floors at either the north or south tower and conduct meetings with LPNs and non-charge RNs. Charge nurses inform the LPNs and RNs about information contained in the shift-change report including any situations demanding heightened awareness. Charge nurses also provide LPNs and non-charge RNs with additional assignments, instruct them to administer appropriate medication to inmates, and provide the LPNs and RNs with “kites”—medication to be dispensed to the inmates. Near the end of each shift, the charge nurses meet with the LPNs and non-charge RNs again and request a report from them about what transpired on their floors.

Charge nurses are fully involved in the processing of and care for inmates. Following their arrest, inmates arrive at a booking area, which is typically staffed by a screen (non-charge) nurse, an LPN, sometimes a non-charge RN, and a charge nurse. During the day shift, a site RN is on duty, and a social worker is on duty during the night shift. The screen nurse and charge nurse have separate rooms in the booking area. The screen nurse will independently provide routine medical attention to inmates but will transfer the inmate to the charge nurse when inmates exhibit abnormal symptoms such as high blood pressure or seizure conditions. The screen nurse designates the need for charge nurse evaluation by writing “nurse” on the inmate’s chart. The charge nurse commences a protocol review to discern whether an inmate should be admitted to the infirmary. The charge nurse interrogates inmates about their use of current medications, how they are obtained and the frequency of usage. The charge nurse may direct a screen nurse to take inmates’ blood pressure and pulse, obtain medication, and retrieve medical records located on other floors. The charge nurse in the booking area, because of the influx of new inmates, completes more paperwork than charge nurses on other floors. Charge nurses are authorized to independently deny admittance of inmates to the infirmary, and they exercise this authority. Inmates denied admission are sent to the hospital.

Charge nurses generally handle difficult problems with inmates. Initial inmate complaints about pain or the need for medical care are first transmitted to the LPNs on their floors. If the LPNs encounter problems beyond their expertise, they will call a charge nurse for medical advice. Charge nurses sometimes tour the correctional facility in the company of correctional officers in order to check for problems. Charge nurses may put an inmate on sick call, or a dental protocol, or, refer the inmate to a psychiatrist. Sometimes the charge nurses assign a non-charge nurse on the floor to start a dental protocol or take an inmate’s blood pressure or vital signs. Charge nurses also obtain an inmate’s permission for release of medical information from pharmacies.

If a need for emergency medical care arises (called “Code 99”), the charge nurses diagnose the inmate’s condition and assist the inmate. If charge nurses believe an inmate should be transferred to a hospital, she will telephone or page a physician and relay the relevant information. If the doctor concurs with the charge nurse’s recommendation, the charge nurse prepares the necessary paperwork and may direct an LPN to obtain medical information and other documents. Charge nurses are authorized to transfer inmates directly to a hospital, without first obtaining physician approval, if an inmate is seriously ill. Charge nurses are the only personnel who can independently make the decision to transfer inmates to

a hospital, and the only personnel authorized to telephone or page physicians. Charge nurses at times may delegate the authority to telephone or page a doctor to an LPN or non-charge nurse. Charge nurses are authorized to terminate an emergency situation by calling a "Code 4." This signals the end of the emergency and charge nurses direct LPNs to return to their assigned floors to resume their regular work. Charge nurses move freely throughout the facility, moving from tower to tower and from floor to floor to respond to "Code 99" situations.

Charge nurses supervise the LPNs to assure that medications are appropriately and timely given to inmates. They also assure that LPNs follow all protocols and orders established by physicians or the DON. Charge nurses in the north and south towers carry beepers whereby they can be on-call at all times, whereas LPNs do not carry beepers. Charge nurses are authorized to administer more medications than LPNs, such as intravenous (IV) drugs, including narcotics. Narcotics are locked in a cabinet on the sixth floor, and only the pharmacy nurse during the pharmacy's nurse's office hours and one charge nurse possess keys to access the narcotics. The charge nurse transfers the narcotic's key to an incoming charge nurse during the shift-change meeting. At the end of the shift-change meeting, charge nurses perform the "sharps count" and "narcotics count." If there are any discrepancies, such as missing needles or narcotics, the charge nurses conduct an investigation, including interviewing employees, and prepare a written report of their investigation results. Charge nurses transmit this report to the DON and to the Medical Director, Dr. Hoffman.

Charge nurses prepare some performance evaluations of employees. Blackburn testified that on two occasions she evaluated employees, and Cardona testified that there is a plan in place for charge nurses to evaluate employees on a yearly basis. A charge nurse job description form was received in evidence and Cardona (who had previously worked as a charge nurse) affirmed that it was accurate. (Employer Exhibit 1) Cardona testified that charge nurses have the ability to work without direct supervision, to supervise comprehensive nursing care, and to ensure that those whom she supervised, RNs and LPNs, performed their work properly.

Charge nurses do not have the authority to hire, fire, suspend, or discipline employees. They do not have the authority to receive or approve employee requests for vacation, assign overtime, or recommend to management that employees be disciplined. According to Cardona, if a complaint is lodged against a nurse, charge nurses are the first ones to counsel LPNs orally about the complaint before the complaint reaches the DON. Blackburn testified that she has talked to employees only about medication errors or excessive break times.

2. Non-charge Nurses

Non-charge nurses are LPNs and RNs and are usually the first point of contact for inmates in need of nursing care. When inmates first arrive at the detention facility, non-charge nurses screen them performing routine medical examinations. As previously noted, abnormal conditions are referred to the charge nurse. Charge nurses assign tasks to the non-charge nurses such as dispensing medication to the inmates, taking their vital signs, and retrieving medical records. History and physical (H&P) nurses are non-charge nurses and

perform inmate medical histories and physical examinations. For instance, H&P nurses test inmates for HIV and VDRL and initiate medical protocol in response to problems. Non-charge nurses also work as kite nurses, who answer inmates' medical requests and provide inmates with medication, if appropriate, at their request. Unlike charge nurses, the non-charge nurses do not carry beepers and cannot move freely throughout the facility.

When non-charge nurses arrive for work, they check the assignment sheets and report to their specified locations. Before beginning work, charge nurses hold a meeting with them to inform them of all pertinent information contained in the shift-change report. The charge nurse independently determines work assignments and directs the nursing personnel to those assignments. Non-charge nurses begin their shifts by dispensing pills to the inmates. Near the end of the shift, the charge nurses meet with their non-charge nurse staff and request reports as to what transpired during the shift.

3. Director of Nursing

As the DON, Cardona oversees all charge nurses. Cardona works approximately from 8:00 a.m. to 4:30 p.m., or longer, each day. If there is a shortage of nurses, the quality assurance person, Ebeiya, may telephone Cardona at home. Cardona transmits her orders and decisions with respect to personnel and inmate care matters to the charge nurses to implement. For instance, Cardona informed charge nurse Kevin Coffman of a task and Coffman delegated the task to LPNs. Cardona has worked four years for the Employer and has held the DON post for two weeks. The Employer hired her as an H&P nurse and subsequently promoted her to kite nurse and then charge nurse. At the time of the hearing, Cardona had worked two months as a charge nurse.

C. Supervisory Analysis

Section 2(3) of the Act excludes from the definition of "employee" any individual employed as a supervisor. Section 2(11) of the Act defines a supervisor as:

[A]ny individual having authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them, or to adjust their grievances, or effectively recommend such action, if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

To meet this definition, an individual need only possess the authority to perform any one of the indicia listed, provided that the authority is exercised using independent judgment on behalf of management and not in a routine manner. *Clark Machine Corp.*, 308 NLRB 555 (1992); *Browne of Houston, Inc.*, 280 NLRB 1222, 1223 (1986). Persons with the power "effectively to recommend" the actions described in Section 2(11) are supervisors within the statutory definition. See, e.g., *Energy Systems & Service*, 328 NLRB No. 125 (1999). The

burden of proving supervisory status rests on the party asserting the status. *NLRB v. Kentucky River Community Care, Inc.*, 121 S. Ct. 1861 (2001); *Bennett Industries, Inc.*, 313 NLRB 1363 (1994); *Ohio Masonic Home*, 295 NLRB 486, 490 (1989). Here, the burden is on the Employer.

In *NLRB v. Health Care & Retirement Corp.*, 511 U.S. 571, 573-574 (1994), the Supreme Court held that the appropriate test for determining supervisory status for employees, including those employees in the health care industry, is: a) whether the employee has the authority to engage in any of the above 12 criteria; b) whether the employee uses independent judgment in the exercise of such authority; and c) whether the employee holds the authority in the interest of the employer. More recently, in *NLRB v. Kentucky River Community Care*, supra, the Court rejected the Board's interpretation of "independent judgment" in Section 2(11)'s test for supervisory status, i.e., that registered nurses will not be deemed to have used "independent judgment" when they exercise "ordinary professional or technical judgment in directing less-skilled employees to deliver services in accordance with employer-specified standards." 532 U.S. at 707.

I find that the Employer has met its burden of proving the supervisory status of its charge nurses by showing that they use independent judgment to responsibly direct the work of non-charge nurses. Prior to the shift-change meeting among charge nurses, each outgoing charge nurse prepares, using independent judgment, a written report about medical problems of inmates that includes instructions regarding all necessary follow-up work. After the shift-change meeting, incoming charge nurses hold a meeting with non-charge nurses and use these written reports to instruct the non-charge nurses on what work to perform during the workday. Charge nurses also assign additional tasks—not included in the written reports—to the non-charge nurses using independent judgment. Charge nurses use independent judgment in deciding when employees will start and end their lunch and break periods. Charge nurses direct non-charge nurses to return to their floors and resume regular work. Charge nurses in the booking area responsibly direct non-charge nurses in their duties during the initial processing of inmates.

The Petitioner erroneously relies on *Providence Hospital*, 320 NLRB 717 (1996), to argue that the written reports prepared by the outgoing charge nurses prior to the shift-change meeting are routine in nature and thus do not require independent judgment to complete. The written reports at issue in *Providence Hospital*, called end-of-shift reports, were prepared by charge nurses to communicate information to management for follow-up. *Id.* at 732. Charge nurses prepared these reports to record events and report them to management, a function the Board found to be clerical. *Id.* at 733. In contrast, the written reports prepared by the charge nurses in the instant case are used to assign the work to be performed during the workday to the non-charge nurses. This is not a mere reportorial or clerical function.

Based on the above, I conclude that the charge nurses possess primary indicia of supervisory authority, using independent judgment, to assign work and responsibly direct employees in their work. Where, as here, there is evidence of the existence of statutory indicators of supervisory status, non-statutory indicia can be used to assess the likelihood of supervisory status. *Marian Manor for the Aged and Infirm, Inc.*, 333 NLRB 1084, 1090

(2001), The ratio of supervisors to rank-and-file employees is one such secondary indicium. *Ken-Crest Services*, 335 NLRB 777, 779 (2001). The petition asserts that there are 85 employees in the bargaining unit. If the Employer's charge nurses were considered to be statutory employees rather than supervisors, only the Director of Nursing, and perhaps quality assurance employee Ebeiya, would be left to supervise approximately 85 employees. This unusually low supervisor-to-employee ratio also supports my conclusion that the Employer's charge nurses are statutory supervisors. *Wright Memorial Hospital*, 255 NLRB 1319,1320 (1980); *Albany Medical Center Hospital*, 273 NLRB 485, 486 (1984) (finding supervisor-to-employee ratio of 1-to-37 too low for supervisory status.) In addition, the record evidence indicates that DON Cardona works at the detention facility approximately from 8:00 a.m. to 4:30 p.m. The Employer's approximately 85 employees provide care for more than 2,000 inmates. Therefore, it appears there are substantial periods of time during the off-shifts when charge nurses are the highest ranking health service personnel at the Detention Center. *Mid-America Care Foundation v. NLRB*, 148 F.3d 638 (6th Cir. 1998). This fact further supports my finding that charge nurses are statutory supervisors. *Northcrest Nursing Home*, 313 NLRB 491, 500 (1993) (suggesting that employment decisions made by the charge nurse involve the use of independent judgment where the charge nurse is the only person in charge at night and there is no practice of checking with others by phone or otherwise); *Pine Manor Nursing Center*, 270 NLRB 1008, 1009 (1984) (noting that Employer's facility would be without onsite supervision during nights and weekends if charge nurses were not supervisors).

In sum, I find, based on the record as a whole, including the arguments and post-hearing briefs of the parties, that charge nurses are supervisors under the Act. Charge nurses responsibly direct, with independent judgment, the work of other nurses. If they were not found to be supervisors, there would be a disproportionate ratio of about two supervisors for 85 employees. Such a proposition is implausible, particularly here, at a prison facility, where close and careful supervision is a vital factor in the administration of health care. Accordingly, I will exclude the classification of charge nurse from any unit found appropriate.

Section 9(b)(1) of the Act prohibits the inclusion of professional employees in a unit with employees who are not professional, unless a majority of the professional employees vote for inclusion in such a unit. *Sonotone Corp.*, 90 NLRB 1236, 1240-41 (1950). Based on the record as a whole, and in view of the statutory requirement that the Board may not join professional and non-professional employees in a single unit without the desires of the professional employees being determined in a separate vote, I shall direct separate elections in voting groups 1 and 2. Accordingly, employees in group 1, the professional employees, will be asked the following two questions on their ballots:

1. Do you desire to be included in the same bargaining unit as non-professional employees employed by the Employer for the purposes of collective bargaining?
2. Do you desire to be represented for the purposes of collective bargaining by General Sales and Delivery Drivers, Teamsters Union, Local 14, affiliated with International Brotherhood of Teamsters, AFL-CIO?

If a majority of the professional employees in voting group 1 vote yes to the first question, indicating their desire to be included in a unit with non-professional employees, they will be so included. Their vote on the second question will then be counted with the votes of the non-professional employees in voting group 2 to decide the representative for the combined bargaining unit. If, on the other hand, a majority of the professional employees in voting group 1 do not vote for inclusion, they will not be included with the non-professional employees, and their votes on the second question will be separately counted to decide whether or not they wish to be represented by the Petitioner in a separate professional unit.

The ultimate determination as to the appropriate unit or units will be based upon the results of the election. However, I make the following findings with regard to the appropriate unit:

1. If a majority of the professional employees vote for inclusion in a unit with non-professional employees, I find that the following employees will constitute a unit appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

INCLUDED: All full-time and regular part-time Registered Nurses (non-charge Registered Nurses), Licensed Practical Nurses, records clerks, administrative clerks, booking clerks, medical assistants, social workers, and dental technicians.

EXCLUDED: All other employees, charge nurses, per diem employees, temporary employees, guards, and supervisors as defined in the Act.

There are approximately 76 employees in this unit.

2. If a majority of the professional employees do not vote for inclusion in the unit with the non-professional employees, I find the following two units to be appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

UNIT 1:

INCLUDED: All full-time and regular part-time Registered Nurses (non-charge Registered Nurses) and social workers.

EXCLUDED: All other employees, Licensed Practical Nurses, records clerks, administrative clerks, booking clerks, medical assistants, dental technicians, charge nurses, per diem employees, temporary employees, guards, and supervisors as defined in the Act.

There are approximately 12 employees in this unit.

UNIT 2:

INCLUDED: All full-time and regular part-time Licensed Practical Nurses, records clerks, administrative clerks, booking clerks, medical assistants, and dental technicians.

EXCLUDED: All other employees, Registered Nurses, social workers, charge nurses, per diem employees, temporary employees, guards, and supervisors as defined in the Act.

There are approximately 64 employees in this unit.

DIRECTION OF ELECTION

Separate elections by secret ballot shall be conducted by the undersigned among the employees in the voting groups found appropriate at the time and place set forth in the notice of election to be issued subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the voting groups who were employed during the payroll period ending immediately preceding the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Employees engaged in any economic strike, who have retained their status as strikers and who have not been permanently replaced are also eligible to vote. In addition, in an economic strike which commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements, are eligible to vote. Those in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by:

**GENERAL SALES AND DELIVERY DRIVERS,
TEAMSTERS UNION, LOCAL 14,
affiliated with INTERNATIONAL BROTHERHOOD
OF TEAMSTERS, AFL-CIO**

LIST OF VOTERS

In order to assure that all eligible voters may have the opportunity to be informed of the issues in the exercise of the statutory right to vote, all parties to the election should have access to a list of voters and their addresses which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *NLRB v. Wyman-Gordon Co.*, 394 U.S.

759 (1969). Accordingly, it is hereby directed that within seven days of the date of this Decision, two copies of an election eligibility list containing the full names and addresses of all the eligible voters, shall be filed by the Employer with the Regional Director, who shall make the list available to all parties to the election. *North Macon Health Care Facility*, 315 NLRB 359 (1994). In order to be timely filed, such list must be received by the Regional Office, Region 28, 2600 North Central Avenue, Suite 1800, Phoenix, Arizona, 85004, on or before October 6, 2003. No extension of time to file this list may be granted except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed.

RIGHT TO REQUEST REVIEW

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, N.W., Washington, DC 20570. This request must be received by the Board in Washington by October 14, 2003. A copy of the request for review should also be served on the undersigned.

Dated at Phoenix, Arizona, this 29th day of September 2003.

/s/Cornele A. Overstreet
Cornele A. Overstreet, Regional Director
National Labor Relations Board - Region 28

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460-7550-8700